

Eastern Michigan University
College of Technology
Ph.D. in Technology Program

Candidacy Exam Request Form

Student Name: _____

EMU Student Number: **E**_____

Approximately when would you like to take the exam? _____

This form must be submitted at least 14 days prior to a proposed date for the candidacy exam.

Dissertation Adviser and Student:

Please suggest *at least* two COT faculty members who are familiar with your research subject, who have expertise in at least one of the research methodologies, and hold a doctorate degree:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

Dissertation Adviser Name

Signature

Date